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**STATE OF DELAWARE
NON-ADMITTED COMPANY INFORMATION FORM
FOR THE CALENDAR YEAR 2001, DUE MARCH 1, 2002**

MAILING ADDRESS AND COMPANY INFORMATION

(Please enter any missing information)

Company Name: _____

Contact Person: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

Federal E.I.N. #: _____ N.A.I.C. #: _____ Company Type: _____ Domicile

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If information differs from that listed above, please print correction(s) below:

Annual Renewal Fee	\$ 50.00
Annual Statement Filing Fee	\$ 100.00
Total (attach check for this amount)	\$ 150.00

Do Not Write In This Space

*All questions regarding Annual Filing Fees
should be directed to:*
Mrs. Ann Fletcher
Premium Tax Coordinator
E-mail: afletch@deins.state.de.us

INSTRUCTIONS

In accordance with Title 18, Delaware Insurance Code, Section 701, an Annual Renewal fee of \$50.00 and an Annual Statement Filing Fee of \$100.00 is due from all non-admitted companies transacting insurance business in the State of Delaware. Although non-admitted companies are not subject to premium tax, they are required to pay these annual fees. **IMPORTANT:** Companies that are approved in DE as both accredited reinsurer and surplus lines carrier must submit payment of annual fees for EACH company type.

DO NOT SEND PAYMENT WITH THE ANNUAL STATEMENTS

The Delaware Insurance Department has established a lockbox operation for the receipt of premium taxes and fees. Attach a check made payable to "Delaware Insurance Department" to this form and mail to one of the lockbox addresses below. **Forms and checks must be received on or before March 1, 2002.**

For filings sent via U.S. Postal Service

Delaware Insurance Department
c/o PNC Bank
P.O. Box 7780-1865
Philadelphia, PA 19182-1941

For filings sent via Courier or Express Service

Delaware Insurance Department
c/o PNC Bank, Attention: Box #1865
Route 38 and East Gate Drive
Moorestown, NJ 08057